

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 1819/100171	
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	In re Application of Nabil Nasr et al.		
	Application Number 09/825,218		Filed April 3, 2001
	For A METHOD AND SYSTEM FOR ASSESSING REMANUFACTURABILITY OF AN APPARATUS		
	Group Art Unit 2123	Examiner Russell L. Guill	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) (\$170 – two month extension of time fee minus \$60 paid for one-month extension of time) \$ <u>170</u> <input type="checkbox"/> Second and Third month (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____ </div> <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet. </div> <p style="margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. </div> <div style="margin-left: 40px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div style="text-align: center;"> <p>_____ /Gunnar G. Leinberg/ Signature</p> <p>_____ Gunnar G. Leinberg Typed or printed name</p> </div> <div style="text-align: center;"> <p>_____ July 30, 2008 Date</p> <p>_____ (585) 263-1014 Telephone Number</p> </div> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<input type="checkbox"/> Total of _____ forms are submitted.			

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450